

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

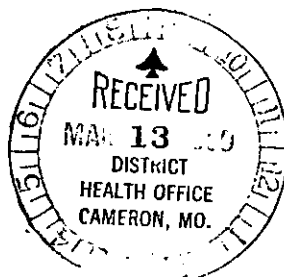
FILED MAR 15 1950

State File No. 4472  
Registrar's No. 93

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4195		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. LENGTH OF STAY (in this place) 30		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo.		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Daisy Jane Finch		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		Month		Day		Year	
28.1950		12		28		1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 19.1875	
9. AGE (In years last birthday) 74		10. MONTHS 6		11. YEARS 9		12. IF UNDER 1 HRS. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid 18 years.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salene Co. Nebr	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13a. FATHER'S NAME Norman Bartlett		13b. MOTHER'S MAIDEN NAME Viola ?		14. NAME OF HUSBAND OR WIFE I.K. Finch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME I.K. Finch			
ADDRESS King City Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis + Inflammation				INTERVAL BETWEEN ONSET AND DEATH 20 yrs.	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)				4222	
3. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete paralytic body (idiopathic)				30 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19__ to 2.28. 1950, that I last saw the deceased alive on 2.28. 1950, and that death occurred at 7:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Jack R. Purnest				23b. ADDRESS King City Mo.		23c. DATE SIGNED 3.2.1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3.2.1950		24c. NAME OF CEMETERY OR CREMATORY Winslow		24d. LOCATION (City, town, or county) (State) King City Mo. R.R.	
DATE REC'D BY LOCAL REG. March 11		REGISTRAR'S SIGNATURE Mrs. Edith Childs		FUNDAL DIRECTOR'S SIGNATURE R. J. Taggart		ADDRESS King City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.